

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u> FIRST <u>THOMAS</u> MI <u>C</u> NICKNAME LAST SUFFIX <u>LOPEZ</u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>305 S. NUECES</u> <u>SAN ANTONIO TEXAS 78207</u>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(210) 271-0519</u>	Date Hand-delivered Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <u>JILL</u> <u>SANCHEZ</u>	Receipt # Amount	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5106 SENISA SPRING, SAN ANTONIO TEXAS 78250</u>	Date Processed Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(210) 364 7373</u>	RECEIVED CITY OF SAN ANTONIO CITY CLERK JUL 14 A 9:51	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>1 / 1 / 2004</u> THROUGH Month Day Year <u>10 / 30 / 2004</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 103</u> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>SANSD TRUSTEE DIST 5</u>	13 OFFICE SOUGHT (if known) <u>SAN ANTONIO CITY COUNCIL DIST 5</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2



# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

**THOMAS C. LOPEZ**

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

☐ additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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CITY CLERK  
2004 JUL 14 A 9:51

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

75.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

200.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

0

OUTSTANDING  
LOAN TOTALS

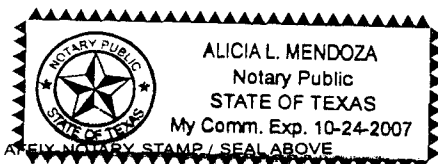
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Thomas C. Lopez*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said THOMAS C. LOPEZ, this the 13th day of July, 2004, to certify which, witness my hand and seal of office.

*Alicia L. Mendoza*

Signature of officer administering oath

Alicia L. Mendoza

Printed name of officer administering oath

Notary

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

THOMAS C. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

25 MAY  
04

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

THOMAS C. LOPEZ

6 Contributor address; City; State; Zip Code

305 S NUECES

SAN ANTONIO TEXAS 78207

7 Amount of  
contribution (\$)75<sup>00</sup>8 In-kind contribution  
description (if applicable)

—

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule B:**1****2** FILER NAME*Thomas C. Weller***3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#: \_\_\_\_\_)**8** Amount of pledge (\$)**9** In-kind description (if applicable)**7** Pledgor address;      City;    State;    Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:

1

**2** FILER NAME

Thomas C. Lopez

**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a  
financial institution?

Y N

**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR  
INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneGUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

1

**2** FILER NAME

Thomas C. WPER

**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G:**1****2** FILER NAME*Thomas C. Lopez***3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**8** Amount (\$)**6** Payee address; City; State; Zip Code**7** Purpose of expenditure (See instructions regarding type of information required.)☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:**1****2** FILER NAME*Thomas C Weller***3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount  
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

THOMAS C WPER

3 ACCOUNT # (Ethics Commission filers)

4 Date

25 MAY  
04

5 Payee name

DE ZAVALA ELEMENTARY

6 Payee address; City; State; Zip Code

2311 SAN LUIS ST.  
SAN ANTONIO TEXAS 782078 Amount  
(\$)200<sup>00</sup>

7 Purpose of expenditure (See instructions regarding type of information required.)

STUDENT INCENTIVE AWARDS

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)

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## CREDITS (optional)

## SCHEDULE K

**The INSTRUCTION GUIDE explains how to complete this form.**

1 Total pages Schedule K:

2 FILER NAME

NAME Thomas C Lopez

3 ACCOUNT # (Ethics Commission filers)

4	Date	5 Payor name Payor address; City; State; Zip Code Reason for credit	8 Amount (\$)
	Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
	Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
	Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
	Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

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